

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |

PATENT NUMBER

## U.S. UTILITY Patent Application

**O.I.P.E.**

**PATENT DATE**

SCANNED

**Q.A.**

|                             |                 |             |                 |                  |                   |
|-----------------------------|-----------------|-------------|-----------------|------------------|-------------------|
| APPLICATION NO.<br>09/93097 | CONT/PRIOR<br>0 | CLASS<br>01 | SUBCLASS<br>440 | ART UNIT<br>2672 | EXAMINER<br>Amuri |
|-----------------------------|-----------------|-------------|-----------------|------------------|-------------------|

## APPLICANTS

**TITLE**

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|  |  |              |                                   |              |
|--|--|--------------|-----------------------------------|--------------|
| <input checked="" type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |              | <b>CLAIMS ALLOWED</b>             |              |
|  | Sheets Drawg.                                | Figs. Drawg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   | _____<br>(Assistant Examiner) (Date)         |              | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|  | _____<br>(Primary Examiner) (Date)           |              | <b>ISSUE FEE</b>                  |              |
| Amount Due   |  |              | Date Paid                         |              |
| <input checked="" type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S. Patent. No. <u>6,320,577</u><br><br>_____<br>_____ | _____<br>(Legal Instruments Examiner) (Date) |              | <b>ISSUE BATCH NUMBER</b>         |              |
|  |  |              |                                   |              |
| <input type="checkbox"/> The terminal _____ months of<br>this patent have been disclaimed.   |  |              |                                   |              |

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